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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 12 Attorney Docket Number ZAHFRI P555US

ENCLOSURES *(check all that apply)*

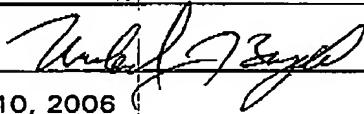
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request <i>(in Duplicate)</i>	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Part/s Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS & BUJOLD, PLLC.	Reg. No. 32,018 CUSTOMER NO. 020210
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Signature



Date

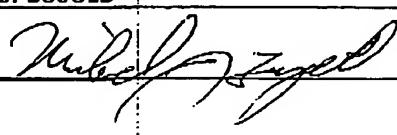
April 10, 2006

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO on April 10, 2006

Type or printed name Michael J. BUJOLD

Signature



Date: April 10, 2006 (lfb)

APR 10 2006

4/10/06

**Response Under 37 CFR 1.116
Expedited Procedure
Examining Group: 3682
PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAIL STOP AF
The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

xxxx NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.

In response to the official action mailed January 19, 2006, please enter the following before reconsideration of this application.

In the Claims:

Please cancel claim 14, without prejudice or disclaimer of the subject matter therein, and amend claims 7, 9-11, 13, 15 and 16 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case.